

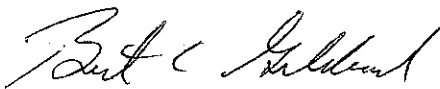
EXHIBIT A

RECORDS CERTIFICATION

I, Brent C. Gibbard, am the Veterans Service Center Manager of the Veterans Affairs Regional Office (VARO), St. Petersburg, Florida, a facility of the Department of Veterans Affairs of the United States of America (VA). Claims for benefits payable by VA to veterans in the State of Florida are adjudicated under my supervision. As Service Center Manager, I am the custodian of the VARO records concerning the payment of VA benefits to veterans in the State of Florida. In my official capacity as Veterans Service Center Manager, I hereby certify that the enclosed documents are true, correct and complete photographic reproductions and/or computer printouts made by the Department of Veterans Affairs in the regular course of business of the original VA records at the said facility concerning the payment of VA benefits to veteran Samuel P. Houston, CSS 262-27-9543, which are maintained in writing or in electronic record keeping systems, which are required or authorized to be made, filed or recorded with the U.S. Department of Veterans Affairs, and which are legally releasable. I also certify that I am authorized by law to make this certification and in doing so am acting within the scope of my authority. This certification is made so that, pursuant to Florida Statutes §§ 90.902, 92.29 and 92.32, the enclosed certified copies will be admissible in evidence in the courts of the State of Florida without extrinsic evidence of authenticity. This certification is also made so that, pursuant to rules 902 and 1005 of the Federal Rules of Evidence and Title 28 United States Code § 1746, the enclosed certified copies will be admissible in evidence in the courts of the United States without extrinsic evidence of authenticity.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 11, 2007



Brent C. Gibbard
Veterans Service Center Manager
U.S. Department of Veterans Affairs
Regional Office
P.O. Box 1437
St. Petersburg, Florida 33731

COPIED FROM CLAIMS FOLDER DEPARTMENT OF VETERANS AFFAIRS (317)



Department of Veterans Affairs

**VETERAN'S APPLICATION FOR INCREASED
COMPENSATION BASED ON UNEMPLOYABILITY**

NOTE: This is a claim for compensation benefits based on unemployment. When you complete this form you are claiming total disability because of a service-connected disability(ies) which has/have prevented you from securing or following any substantially gainful occupation. Answer all questions fully and accurately.

1. VA FILE NUMBER <i>C- [redacted]</i>	2. VETERAN'S SOCIAL SECURITY NUMBER <i>[redacted]</i>	3. DATE OF BIRTH <i>[redacted]</i>
4. NAME OF VETERAN (First, Middle, Last) (Type or Print) <i>Samuel P. Houston</i>		5. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) <i>Crestview, FL [redacted]</i>

SECTION I - DISABILITY AND MEDICAL TREATMENT

6. WHAT SERVICE-CONNECTED DISABILITY PREVENTS YOU FROM SECURING OR FOLLOWING ANY SUBSTANTIALLY GAINFUL OCCUPATION? <i>Dege. Disc disease</i>	7. HAVE YOU BEEN UNDER A DOCTOR'S CARE AND/OR HOSPITALIZED WITHIN THE PAST 12 MONTHS? <i>Yes</i>	8. DATE(S) OF TREATMENT BY DOCTOR(S) <i>Oct '04 - Present</i>
9. NAME AND ADDRESS OF DOCTOR(S) <i>Dr. Thomas Manki 350 Rautsch Rd Jt. Walton Beach FL 32547</i>	10. NAME AND ADDRESS OF HOSPITAL <i>Jt. Walton Beh. H.</i>	11. DATE(S) OF HOSPITALIZATION <i>Nov 10 - 13, 2004</i>

SECTION II - EMPLOYMENT STATEMENT

12. DATE YOUR DISABILITY AFFECTED FULL TIME EMPLOYMENT <i>Sept 04</i>	13. DATE YOU LAST WORKED FULL TIME <i>Sept. 04</i>	14. DATE YOU BECAME TOO DISABLED TO WORK <i>Sept 04</i>
15A. WHAT IS THE MOST YOU EVER EARNED IN ONE YEAR? <i>\$ 45,600.00</i>	15B. WHAT YEAR? <i>2001</i>	15C. OCCUPATION DURING THAT YEAR <i>Active Duty - Military</i>

16. LIST ALL YOUR EMPLOYMENT INCLUDING SELF-EMPLOYMENT FOR THE LAST FIVE YEARS YOU WORKED

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. HOURS PER WEEK	D. DATES OF EMPLOYMENT		E. TIME LOST FROM ILLNESS	F. HIGHEST GROSS EARNINGS PER MONTH
			FROM	TO		
<i>Discount Auto Parts</i>	<i>Cashier</i>	<i>40</i>	<i>3-01</i>	<i>2-02</i>	<i>0</i>	<i>1300.00</i>
<i>Army Fleet Support</i>	<i>Aircraft Mechanic</i>	<i>40</i>	<i>2-02</i>	<i>3-05</i>	<i>12 mo</i>	<i>3000.00</i>

G. INDICATE YOUR TOTAL EARNED INCOME FOR THE PAST 12 MONTHS <i>\$ 25,800.00</i>	H. IF PRESENTLY EMPLOYED, INDICATE YOUR CURRENT MONTHLY EARNED INCOME <i>\$ 114.</i>
--	---

17. DID YOU LEAVE YOUR LAST JOB/SELF-EMPLOYMENT BECAUSE OF YOUR DISABILITY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give the facts in Item 24)	18. DO YOU RECEIVE/EXPECT TO RECEIVE DISABILITY RETIREMENT BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	19. DO YOU RECEIVE/EXPECT TO RECEIVE WORKERS COMPENSATION BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---	--

20. HAVE YOU TRIED TO OBTAIN EMPLOYMENT SINCE YOU BECAME TOO DISABLED TO WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items A, B, and C)
--

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. DATE APPLIED

Sam Houston/L3 Communications
3996

SECTION III - SCHOOLING AND OTHER TRAINING

21. EDUCATION (Circle highest year completed)

GRADE SCHOOL 1 2 3 4 5 6 7 8

HIGH SCHOOL 1 2 3 (4)

COLLEGE 1 2 3 4

22A. DID YOU HAVE ANY OTHER EDUCATION AND TRAINING BEFORE YOU WERE TOO DISABLED TO WORK?

☐ YES ☒ NO (If "Yes," complete Items 22B and 22C)

22B. TYPE OF EDUCATION OR TRAINING

22C. DATES OF TRAINING

BEGINNING

COMPLETION

23A. HAVE YOU HAD ANY EDUCATION AND TRAINING SINCE YOU BECAME TOO DISABLED TO WORK?

☐ YES ☒ NO (If "Yes," complete Items 23B and 23C)

23B. TYPE OF EDUCATION OR TRAINING

23C. DATES OF TRAINING

BEGINNING

COMPLETION

24. REMARKS

See attached documents

SECTION IV - AUTHORIZATION, CERTIFICATION, AND SIGNATURE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I consent that any physician, surgeon, dentist, or hospital that has treated or examined me for any purpose or that I have consulted professionally may furnish to VA any information about myself and I waive any privilege which makes this information confidential.

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION: I consent that any employer that has employed me for the past five years may furnish to VA any information about myself and I waive any privilege which makes this information confidential.

CERTIFICATION OF STATEMENTS: I CERTIFY THAT as a result of my service connected disabilities, I am unable to secure or follow any substantially gainful occupation and that the statements in this application are true and complete to the best of my knowledge and belief and understand that these statements will be considered in determining my eligibility for VA benefits based on unemployability because of service-connected disability.

I UNDERSTAND THAT IF I AM GRANTED SERVICE-CONNECTED TOTAL DISABILITY BENEFITS BASED ON MY UNEMPLOYABILITY, THAT I MUST IMMEDIATELY INFORM VA IF I RETURN TO WORK. I ALSO UNDERSTAND THAT TOTAL DISABILITY BENEFITS PAID TO ME AFTER I BEGIN WORK MAY BE CONSIDERED AN OVERPAYMENT REQUIRING REPAYMENT TO VA.

25. SIGNATURE OF CLAIMANT

26. DATE SIGNED

27. TELEPHONE NUMBER(S) (Include Area Code)

A. DAYTIME

B. NIGHTTIME

WITNESS TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK. NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known and the signature and address of such witnesses must be shown below.

28A. SIGNATURE OF WITNESS

28B. ADDRESS OF WITNESS

29A. SIGNATURE OF WITNESS

29B. ADDRESS OF WITNESS

Sam Houston/L3 Communications
3997

PENALTY: The law provides severe penalties which include fine or imprisonment or both for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22. Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

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COPIED FROM CLAIMS FOLDER DEPARTMENT OF VETERANS AFFAIRS (317)

Thomas J. Manski, M.D., P.A.

Board Certified Neurosurgeon

350 Racetrack Road

Fort Walton Beach, FL 32547

Tel: (850) 863-2300

Fax: (850) 863-2369

DEA # BM6436251

NAME Houston, Samuel P

ADDRESS _____ DATE 3-10-05

Rx Patient may return to work
as of MARCH 14, 2005.
No lifting more than 25 pounds.
No climbing, No standing more than
1 1/2 hours, No prolonged sitting more
than 1 1/2 hours, No bending at the
waist to lift, pull, twist, or push
to prevent re-injury to lower back.

☐ LABEL These restrictions are permanent.

REFILL _____ TIMES

T. Manski

M.D.

NAME: SAMUEL P HOUSTON
BADGENUMBER: 014332

SUPERVISOR: REDDICK RD

SKILL: 01A AIRCRAFT MECHANIC

DEPARTMENT: 40 INACTIVE EMPLOYEES-EXTENDED ILLNESS DIRECT
LOCATION: 02 INACTIVE DEPT-DONNEL SHIFT: 2
PAYROLL DATE: 03/14/05 EFFECTIVE DATE: 03/14/05

REASON FOR ACTION: 9 ADMINISTRATIVE TERMINATION EFF 03/14/05
LMB

TERMINATION CODE: S

BASE RATE: 19.26000 + BONUS: 0.00 = HRLY RATE: 19.26000 ANN SAL:

FED TAX CODE: 101 = M01

EXTRA FED TAX: 0.00

STATE TAX CODE: 102 = M02

EXTRA STATE TAX: 0.00

COMPANY HIRE DATE: 12/01/03

SENIORITY DATE: 02/25/02

ACCUMULATED HRS TO AUTO INC: 1120.0

ABSENT HOURS: 977.5

AUTOMATIC INCREASE DATE:

RECLASSIFICATION DATE: 02/25/02

RESERVE/GUARD:

UNIT CODE:

MILITARY RANK: E

MILITARY ERA: VETERAN OTHER:

VETERAN: H

TEMPORARY EMPLOYEE:

GOVERNMENT SERVICE:

BIRTH DATE: [REDACTED]

SEX: A1

BLOOD TYPE: O+

HANDICAPPED:

MARITAL STATUS: M

LEADER:

AIRFRAME:

EFFECTIVE DATE:

POWERPLANT:

EFFECTIVE DATE:

FLIGHT MECH:

CREW CHIEF:

FCC LIC:

CREW MEMBER:

TAXI RUNUP:

AACFC UNION AMT: 0.00

ACCT NO:

MISCELLANEOUS DED AMT: 0.00

PLEDGE AMT: 0.00

IAMAW CREDIT UNION AMT: 0.00

ACCT NO:

BENEVOLENCE AMT: 0.50

ELIGIBILITY DATE:

IAMAW MEMBER: A

PENSION ELIGIBILITY DATE:

LTD INS: LTDI AFTER TAX IND:

ELIGIBILITY DATE:

EMPLOYEE STOCK PURCHASE PLAN DED AMT: .00

RETIREMENT FUND-MUTUAE FUND PERCENT: 0 %

RETIREMENT FUND-AFSLC STK PERCENT: 0 %

OPT DEP INS: A VISION PLN: 2

DEP HEALTH INS:

BASIC DEP INS:

DEP DENTAL INS: 9

BOND DED AMT 1: 0.00 2: 0.00 3: 0.00 4: 0.00 5: 0.00

UNITED WAY DED AMT: 0.00 PLEDGE AMT: 0.00

MGT CLUB:

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3999

BAS EMP LIFE: OPT LIFE INS: A OPT AD/D INS:

MNPL DEDUCT AMT: 0.00 DPAC DEDUCT AMT: 0.00

PERSONAL ACCIDENT INSURANCE STATUS: G BENEFIT AMT: 300,000.00

DEP CARE FLX: 0 HTH CARE FLX: 0 CREDIT HC: 0% DC: 0%

HOME PHONE: () WORK PHONE: (000) 000-0000

HOME ADDRESS

CHECK ADDRESS

CRESTVIEW

FL [REDACTED]

CRESTVIEW

FL [REDACTED]

APPROVED: ED BROWN

DARLENE SANDERS

COMPANY CONFIDENTIAL
ARMY FLEET SUPPORT LLC 01-212

COPIED FROM CLAIMS FOLDER/DEPARTMENT OF VETERANS AFFAIRS (317)

NAME: SAMUEL P HOUSTON
BADGENUMBER: 014332

SUPERVISOR: REDDICK RD

SKILL: 01A AIRCRAFT MECHANIC

DEPARTMENT: 40 INACTIVE EMPLOYEES-EXTENDEDNESS DIRECT
LOCATION: 02 INACTIVE DEPT-DONNEL SHIFT: 2
PAYROLL DATE: 03/14/05 EFFECTIVE DATE: 03/14/05

REASON FOR ACTION: ADMINISTRATIVE TERMINATION EFF 03/14/05
LMB

OPT DEP INS: D VISION PLN: 0 DEP HEALTH INS:
BASIC DEP INS: DEP DENTAL INS: D
BAS EMP LIFE: OPT LIFE INS: D OPT AD/D INS:
BENEVOLENCE AMT: 0.00 ELIGIBILITY DATE:
PERSONAL ACCIDENT INSURANCE STATUS: D BENEFIT AMT: 0.00
IAMAW MEMBER: D

APPROVED: _____ ED BROWN _____ DARLENE SANDERS

COMPANY CONFIDENTIAL
ARMY FLEET SUPPORT LLC 01-212

COPIED FROM CLAIMS FOLDER DEPARTMENT OF VETERANS AFFAIRS (317)

PERSONNEL STATUS CHANGE REQUEST

03/15/05 10:07

NAME: HOUSTON SAMUEL P EMPLOYEE NUMBER: 014332

EFFECTIVE DATE: 03/14/05 LOCATION: INACTIVE DEPT-DONNE HIREDATE: 02/25/02
THRU:

DEPARTMENT: 40-INACTIVE EMPLOYEES-EXTENDED ILLNESS DIRECT
CLASSIFICATION: 01A-AIRCRAFT MECHANIC

RECLASSIFICATION:

FROM -
TO -

TRANSFER:

FROM -
TO -

VAC PREV APPROVED: REST. DUTY:
PREV SHIFT START :

SHIFT CHANGE: FROM TO
PROBATIONARY EMPLOYEE: (REFERENCE CBA OVERTIME PROVISIONS)

OT PROJECT TRANSFER - HOURS TRANSFERRED: 0.0 FROM: TO:

CURRENT HOME PHONE: () -

HOURS = 0.0

TERMINATION: S LAST DAY WORKED:

REASON FOR CHANGE: 9 INVOLUNTARY TERMINATION

APPROVED:
SUPERVISOR

APPROVED: *R. Read* 1847
DEPARTMENT HEAD

***** CLEARANCE RECORD *****

THIS SECTION MUST BE COMPLETED PRIOR TO TERMINATION OR TRANSFER OF AN
EMPLOYEE FROM ONE DEPT. OR AREA TO ANOTHER. TRANSFERRING EMPLOYEE MUST
PRESENT A COPY OF THIS FORM TO GAINING ACTIVITY

1. DEPARTMENT
SUPPLY
TOOL CRIB
INSPECTOR STAMP
KEYS/EQUIPMENT
PUBLICATIONS
FLIGHT CLOTHING

2. PERSONNEL: *DB*
ID BADGE
OPERATOR PERMITS
AUTHORIZATIONS
SECURITY/TAP
EQUIPMENT
O&S PLAN

3. CHARGES:

REMARKS:

DATE: 3/15/05

EMPLOYEE SIGNATURE: *[Signature]*

DISTRIBUTION:

FILE
EMPLOYEE
G ACTIVITY
TERMINATION ONLY

Sam Houston/L3 Communications
4001

01-2
USED 01/1

COPIED FROM CLAIMS TO THE DEPARTMENT OF VETERANS AFFAIRS (317)

RETURN TO WORK SLIPDATE: 03-14-05

TIME: _____

Last Day Worked: 09-02-04☒ Short-Term Disability☒ FMLA☐ OTJ Injury (use only if no Medical Pass)☐ Other

EMPLOYEE NAME

NUMBER

CLASSIFICATION

LOCATION/SHIFT

Houston, Samuel014332A/C Mech.ATTC 2

- ☐ Authorized to return to work with **NO RESTRICTIONS** on _____
- ☐ Presently working and released from **RESTRICTED/LIGHT DUTY** on _____
- ☒ Authorized to return to work on 03-14-05 with the following **RESTRICTION/LIGHT DUTY**: See Attached

☐ Able to Accommodate Medical Restriction(s)? ☐ Can ☒ Cannot

- Per Field Representative (name/title): Dox Dowley - ATTC
- Date: Bill Parsons - Lowe
- Comments: Larry Warkin - Cairns
Bob Chipman - Knox

☐ Prescribed Medications

- Non Narcotics: Valium - F10
- Narcotics: Valium - Flexril - Motrin 800mg

****Narcotic Drugs cannot be taken within 6 hours of shift start time nor during shift****

Employee Initials: [Signature]

An employee returning with restrictions or assigned to light duty will not be entitled to work overtime in accordance with Article 11.1 of the Collective Bargaining Agreement, until Personnel receives a statement from the doctor stating the employee may return to normal duties.

Employees on Restricted Duty will be by-passed when scheduling or polling for overtime. If asked, the employee must refuse the overtime. In either case, whether by-passed, or asked and refused, the employee is not charged.

Manager, Personnel Services _____

Benefits / Worker's Comp Representative

Penny Westrick 01502

Original: Personnel File
Copies: Finance & Accounting
Department Head
Employee

Form 01-288
Rev. 1/30/04

Sam Houston/L3 Communications
4002

Field Notified

Date: _____

Method: ☐ Email ☐ Fax ☐ Phone

POC: _____

Thomas J. Manski, M.D., F.A.

**Board Certified Neurosurgeon
Spine and Brain Surgery**



January 13, 2005

**RE: HOUSTON, Samuel
DOB: 02/28/19554**

To whom it may concern,

I am writing this letter to outline my assessment and treatment of low back pain and lower extremity pain that my patient, Mr. Samuel Houston, has experienced.

I initially saw Mr. Houston on October 13, 2004 when he presented with severe left low back pain, left buttock pain, left posterior thigh pain, and distal left lower extremity pain and paresthesias. Prior to this, Mr. Houston had a past medical history that was significant for a very long history of low back pain and right leg pain, dating back to approximately 1977 with the patient having had a 22-year history of back pain and right leg pain.

While the patient was still on active duty in the Air Force, he finally underwent surgery for his low back at Kessler Air Force Base around January of 2000. At that time, the patient, by report, underwent an L4-5 discectomy for right-sided sciatica and a foot-drop.

The patient did have improvement in his low back pain and right lower extremity symptoms following that operation.

The patient then had the more recent new onset of left low back pain and left lower pain, paresthesias and weakness in August of 2004. An MRI of the lumbosacral spine from September 7, 2004 showed disc bulge/protrusions and disc/osteophyte complexes from L2-3 down through L5-S1. At L4-5, there was a broad-based disc bulge/protrusion with posteromarginal osteophytes and facet hypertrophy, resulting in significant spinal stenosis and significant lateral recess stenosis. The patient also had scar tissue and adhesions from previous surgery at L4-5.

Mr. Houston underwent microscopic decompressive laminectomies, medial facetectomies, and foraminotomies at L3, L4, L5 and S1 to decompress the nerve roots and thecal sac, along with a re-do left L4-5 microdiscectomy to decompress the left L4 and L5 nerve roots with neurolysis of scar tissue and adhesions from previous spinal surgery on November 10, 2004.

He has had improvement in his left lower extremity since this most recent surgery.

Mr. Houston still continues to have muscle spasms and aching in his lower back, particularly when he has been up on his feet for any significant period of time. Mr. Houston has been on a

Sam Houston/L3 Communications
4003

Page 2

HOUSTON, Samuel

01/13/2005

long course of narcotic analgesics including fentanyl patches and he is on a tapering dose of these narcotic fentanyl patches.

Mr. Houston also gets intermittent paresthesias radiating into his right upper extremity involving the second, third, fourth and fifth digits and also some intermittent shock-like sensations radiating from his neck down into his spine.

I would recommend Mr. Houston not return to doing heavy mechanical aircraft work as he has had two disc herniations at L4-5 requiring surgery and he would be at increased risk for recurrent disc herniations if he were to perform strenuous, heavy physical activities that might strain or injure the lower back.

Furthermore, Mr. Houston does have MRI evidence of disc/osteophyte complexes from L2-3 down through L5-S1, and additional stresses and strains on the lower back might cause progression and disease of some of those disc levels, as well.

I would recommend Mr. Houston be retrained for a position that would allow him a more sedentary job so as to avoid any additional stresses and strains that might re-injure his lower back or cause further injury to other degenerated disc levels.

I appreciate your kind consideration of my patient.

Sincerely,


Thomas J. Manski, M.D.

TJM/mlw

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

COPIED FROM CLAIMS FOLDER DEPARTMENT OF VETERANS AFFAIRS (317)

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records. VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

SOCIAL SECURITY NO.

VA FILE NO.

Samuel P. Houston

[REDACTED]

C- [REDACTED]

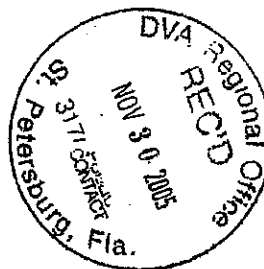
The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

1. I am asking that my previously denied claim for s/c and appropriate compensation due to Diabetes Type II be reopened and the new evidence submitted from Dr. Juan A. Cruz, Capt., USAF, MC, Staff Internist, 96th Medical Group (AFMC) Eglin Hospital, Eglin AFB., FL. 32542, his phone number is (850) 883-8333/8332. Will be consider New and Material.

2. Request temporary 100% rating for period of convalescence from Left Shoulder Rotator Cuff surgery that was done 09/15/2005, my physical therapy will continue for at least three months depending upon progress and healing. I have already faxed Dr. Leon Chen, M.D., Orthopedic Surgeon, and his reports and follow-up office visits.

Please Adjudicate my claim on evidence enclosed and a DVA C/P exam.

FILE
EP 020
EP PEND
ADJ. INT. FINAL



I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

22 November 2005

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

Crestview, FL [REDACTED]

PENALTY: The law provides severe penalties, which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM
JUN 2000 21-4138

EXISTING STOCKS OF VA FORM 21-4138, APR 1994,
WILL BE USED.

Sam Houston/L3 Communications
4124

OMB Approved No. 2900-0075
Respondent Burden: 15 minutes

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Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

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FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

Samuel P. Houston

SOCIAL SECURITY NO.

VA FILE NO.

C/CSS

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

Reference your letter of July 26, 2005 item #8 (enclosed), I am not working at Army Flt Support and have not since Sept 2004, a copy of that letter is also attached.

I am attaching 2 letters from Dr Cruz, Egin AF B, she references Diabetes. I would appreciate being re-considered for unemployment and Diabetes.

FILE
EP
EP
ADJ. INTPEND
FINALSam Houston/L3 Communications
4076

(CONTINUE ON REVERSE)

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

ADDRESS

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.



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DEPARTMENT OF THE AIR FORCE

HEADQUARTERS 96TH AIR BASE WING (AFMC)
EGLIN AIR FORCE BASE FLORIDA

MEMORANDUM FOR: Veterans Administration

Sept 21, 2005

FROM: Juan A. Cruz, Capt., USAF, MC

SUBJECT: Service connection for Type II Diabetes

After reviewing Mr. Samuel P. Houston medical records, it is my professional opinion that Mr. Houston had early signs of Glucose Intolerance while he was on active duty in 1997.

Left untreated between 1997 and 2001, the natural progression of his Glucose Intolerance condition developed into Type II Diabetes with neurological manifestations.

Thank You

Juan A. Cruz, Capt., USAF, MC
DEA BC7450240-011734
Staff Internist
96 Medical Group (AFMC) Eglin Hospital
Eglin AFB, FL
Comm: (850) 883-8333/8332
DSN: 875-8333/8332
FAX: (850) 883-8597



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DEPARTMENT OF THE AIR FORCE
HEADQUARTERS 96TH AIR BASE WING (AFMC)
EGLIN AIR FORCE BASE FLORIDA

MEMORANDUM FOR: Veterans Administration

Sept 21, 2005

FROM: Juan A. Cruz, Capt. USAF, MC

SUBJECT: Individual Unemployability for Mr. Houston

Mr. Samuel P. Houston is currently under my care for the treatment of Spinal Stenosis, Lumbar Degenerative Disc Disease, Type II Diabetes Mellitus, Peripheral Neuropathy, Chronic pain disorder, Left Rotator Cuff Repair x 3, L-4, L-5 Ruptured Disc Repair x 4 with a 2% foot drop, Depression and Anxiety.

In my professional opinion, Mr. Samuel P. Houston is permanently disabled due to the above disorders and the natural progression of these diseases.

Mr. Houston has been given the following restrictions on March 14th 2005. No lifting more than 25 Lbs., no climbing, no standing more than 1 ½ hours, no prolonged sitting more than 1 ½ hours, no bending at the waist to lift, pull, twist, or push to prevent reinjury to lower back. These restrictions are permanent and will prevent Mr. Houston from ever returning to the work force.

Thank You

A handwritten signature in black ink, appearing to read "J. Cruz", is positioned to the right of the "Thank You" text.

Juan A. Cruz, Capt., USAF, MC
DEA BC7450240-011734
Staff Internist
96th Medical Group (AFMC) Eglin Hospital
Eglin AFB, FL
Comm: (850) 883-8333/8332
DSN: 875-8333/8332
FAX: (850) 883-8597

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DEC 06 2005



DEC 16 2005

DEPARTMENT OF VETERANS AFFAIRS
St. Petersburg Regional Office
PO BOX 1437
St. Petersburg, FL 33731

Samuel P. Houston

VA File Number
[REDACTED]

Represented by:
DISABLED AMERICAN VETERANS

Rating Decision
December 6, 2005

2-14-05
[Signature]

INTRODUCTION

The records reflect that you are a veteran of the Peacetime and Gulf War Era. You served in the Air Force from March 13, 1977 to May 31, 2001 and from May 13, 1977 to May 31, 2001. You filed a claim for increased evaluation that was received on September 27, 2005. Based on a review of the evidence listed below, we have made the following decisions on your claim.

DECISION

1. Entitlement to individual unemployability is granted effective October 7, 2004.
2. A temporary evaluation of 100 percent has been assigned effective September 15, 2005 based on surgical or other treatment necessitating convalescence for your service connected status post left shoulder arthroscopic subacromial decompression and open rotator cuff repair. An evaluation of 10 percent is assigned from January 1, 2006.

Sam Houston/L3 Communications
4137

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Page 2

- 3 . Entitlement to special monthly compensation based on housebound criteria being met is granted from September 15, 2005 to January 1, 2006.
- 4 . Evaluation of lumbar degenerative disc disease, status post L4-L5 discectomy with surgical scar, which is currently 40 percent disabling, is continued.
- 5 . Basic eligibility to Dependents' Educational Assistance is established from October 7, 2004.
- 6 . A decision on entitlement to compensation for type II diabetes mellitus is deferred.

EVIDENCE

- Private medical reports, Lamvien Q. Nguyen, M.D., of Niceville, FL, dated June 14, 2005 through October 4, 2005
- Employment information, Army Fleet Support of Fort Rucker, AL, received September 8, 2005
- Private medical reports, Dr. Juan A. Cruz of Eglin Air Force Base, FL, dated September 21, 2005
- Private medical reports, Leo Chen, M.D. of Ft. Walton Beach, FL, dated October 12, 2005
- Private medical reports, Jennifer Hodges, MPT, of Crestview, FL, dated October 18, 2005

REASONS FOR DECISION

1. Entitlement to individual unemployability.

Entitlement to individual unemployability is granted effective October 7, 2004.

Private medical reports, Lamvien Q. Nguyen, M.D., of Niceville, FL, dated June 14, 2005 through October 4, 2005, note you stated you have a constant burning and aching in the low back that radiates down your back posterior laterally to the foot. The examiner noted you are severely affected because of the pain and the pain interferes with the following activities including working, household chores, recreational hobbies, sexual relations, physical exercise, driving, self-care, and shopping. You are receiving lumbar epidural injections and radiofrequency ablation of the right lumbar medial nerves for the pain.

Employment information, Army Fleet Support of Fort Rucker, AL, received September 8, 2005, notes you have been out on disability since September 7, 2004.

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Page 3

Private medical reports, Dr. Juan A. Cruz of Eglin Air Force Base, FL, dated September 21, 2005, note you are under Dr. Cruz's care for the treatment of spinal stenosis, lumbar degenerative disc disease, Type II diabetes mellitus, peripheral neuropathy, chronic pain disorder, left rotator cuff repair x3, L-4,L-5 ruptured disc repair x4 with a 2 percent foot drop, and depression and anxiety. The doctor stated that in his professional opinion you are permanently disabled due to the above disorders and the natural progression of these diseases. The doctor further stated that the restrictions required to prevent reinjury to your lower back are permanent and will prevent you from ever returning to the work force.

Private medical reports, Leo Chen, M.D. of Ft. Walton Beach, FL, dated October 12, 2005, note the doctor stated in his professional opinion, that with the combination of your lumbar spine disorder and recurrent left shoulder difficulties, you would be unable to perform heavy mechanical aircraft mechanic work. Your restrictions would be no lifting, pulling, pushing, or carrying over 30 pounds. The doctor further stated that these restrictions are permanent and a return to any strenuous heavy physical work activity may re-injure your left shoulder and further cause permanent pain and dysfunction in the patient's upper extremities.

Entitlement to individual unemployability is granted effective October 7, 2004, as it is conceded you are likely unable to secure or follow a substantially gainful occupation solely as a result of your service connected lumbar degenerative disc disease, status L4-L5 discectomy with surgical scar, status post left shoulder arthroscopic subacromial decompression and open rotator cuff repair, and pain disorder. The effective date is the date you first met the schedular requirements for entitlement to individual unemployability, because your reopened claim was received within one year of this date.

2. Entitlement to a temporary total evaluation because of treatment for a service-connected condition requiring convalescence.

A temporary evaluation of 100 percent has been assigned effective September 15, 2005 based on surgical or other treatment necessitating convalescence for your service connected status post left shoulder arthroscopic subacromial decompression and open rotator cuff repair. An evaluation of 10 percent is assigned from January 1, 2006.

Private medical reports, Leo Chen, M.D. of Ft. Walton Beach, FL, dated October 12, 2005, note you underwent your third left shoulder surgery and rotator cuff repair in September of 2005. The doctor further stated you are currently in the midst of physical therapy for your most recent surgery.

Private medical reports, Jennifer Hodges, MPT, of Crestview, FL, dated October 18, 2005, note you have been seen for a total of 6 visits for physical therapy for your status post left shoulder rotator cuff repair performed on September 15, 2005. You were evaluated for physical therapy on September 29, 2005, and per Dr. Chen's protocol,



Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The law authorizes us to request the information we are asking you to provide on this form (38 U.S.C. 501(a) and (b)). The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22. Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

SAMUEL PETER HOUSTON

SOCIAL SECURITY NO.

VA FILE NO.

C/CSS -

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

My shoulder problem has deteriorated to the point where pain is present consistently and very limited range of motion is experienced due to further injury to my left shoulder.

I am enclosing the findings of an MRI conducted on 31-1-06 conducted in Crestview at Open MRI. Also enclosed is a letter of medical findings relating to my left shoulder.

I would like to have my disability rating for my shoulder increased to make disability 100%.

Further my erectile dysfunction has reached the point where any form of sex is impossible. This is causing both my wife and I a great deal of mental anguish and loss of compatibility. I find my problems are causing me to develop depression, sleep problems, mental problems, inability to socialize. I have been evaluated with 30% for depression by the VA on July 26, 2005. I feel I am worse off now than I was then.

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE

DATE SIGNED

FEB 21, 2006

ADDRESS

TELEPHONE NUMBERS (Include Area Code)

DAYTIME

EVENING

CRESTVIEW, FL, [REDACTED]

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM
JUN 2000

21-4138

EXISTING STOCKS OF VA FORM 21-4138,
APR 1994, WILL BE USED

★U.S.GPO: 2003 521-791/99667

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4153